



Rocklin Parks & Recreation 5460 5th St. Rocklin, CA. 95677 (916) 625-5200

## **VOLUNTEER COACH APPLICATION & AGREEMENT**

**ALL COACHES WILL BE REQUIRED TO SUBMIT A COMPLETED  
LIFESCAN FINGERPRINTING (FREE THROUGH CITY OF ROCKLIN)  
WE WILL PROVIDE YOU WITH THE NECESSARY FORMS AND PROCEDURES**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Contact Phone: \_\_\_\_\_

Email: \_\_\_\_\_

T-shirt Size: \_\_\_\_\_

POSITION(S) YOU ARE APPLYING FOR:

Sport: \_\_\_\_\_

Coach \_\_\_\_\_ Assistant Coach \_\_\_\_\_

Coaching and/or playing experience: \_\_\_\_\_  
\_\_\_\_\_

Do you have a child in our program? Yes: \_\_\_\_ No: \_\_\_\_ Name: \_\_\_\_\_

School your child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

What grade level (s) would you prefer to coach \_\_\_\_\_

\*Please note: Coach's will not be assigned until after teams are formed. Coach's are accepted on a first come-first served basis. Only fully completed forms will be considered.

**—Please sign reverse—**

# CITY OF ROCKLIN YOUTH SPORTS

## COACHES AGREEMENT & WAIVER FORM

**In consideration of my agreeing to coach for the City of Rocklin, I understand and agree to the following program policies and philosophies:**

- 1.) I understand that Rocklin Youth Sports programs are offered as non-competitive instructional programs.
- 2.) I will emphasize basic skill development, teamwork, knowledge of rules, safety, sports sportsmanship, and fun for my players.
- 3.) I understand that all players are to receive equal playing time in each game.
- 4.) I will emphasize good sportsmanship over winning.
- 5.) I understand that use of Rocklin Unified School District facilities is a privilege granted to the Rocklin Parks and Recreation Department, and that continued use of these facilities is dependant on proper care and use by all coaches, staff, and participants.

I have read and understand the policies and philosophies of the City of Rocklin Youth sports programs as outlined above, and agree to adhere to them.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### ALL VOLUNTEER COACHES MUST SIGN THE FOLLOWING STATEMENT:

I, the undersigned \_\_\_\_\_ understand that the City of Rocklin does not provide medical insurance of workers compensation insurance in connection with my involvement in this program. I agree to defend, indemnify, and hold harmless the City of Rocklin and its officers, agents, and employees from and against all claims and liability for personal injuries or property damage which may be caused by, arise from, or in any way be connected with my involvement as a volunteer in the aforementioned programs. It is also understood that this agreement may be terminated by the undersigned, or the City, upon ten (10) days written notice.

I have read and I do understand the Volunteer's statement.

VOLUNTEERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
(PARENT/GUARDIAN IF UNDER AGE 18) DATE: \_\_\_\_\_